

ESCROW BRANCH OFFICE FORM

FORM ESC-3 INSTRUCTIONS

A. GENERAL INSTRUCTIONS

1. **FILING** – Form ESC-3 is the Branch Office form.
2. **TERMS USED** – See the following Explanation of Terms section regarding italicized words/phrases.
3. **EXECUTION** – The execution section must be completed by an authorized representative of the *applicant*.
4. **DATES** – The filing date is the date *applicant* submits this form to the *jurisdiction(s)*. The desired effective date is the date *applicant* would like this license or amendment to become effective.
5. **AMENDMENTS** – The *applicant* must update information about a branch office by submitting amendments using Form ESC-3. When making changes to an existing license/registration, check the “amendment” box on line 1, provide all previous information in items 2a through 6a, filing and effective dates, license number where applicable, and complete only the information that is being amended in item(s) 2b through 6b or 7 through 11.
6. **CONTACT EMPLOYEE** – The individual listed on the *applicant's* company's main office as the contact employee will be contacted if needed about this branch Form ESC-3.
7. **RECORDS** – Please identify where records will be kept if the *applicant* intends to maintain records for the branch office at a location other than the branch address.
8. **SURRENDER / CANCEL** – When an *applicant* decides to cease operations under the license, at one or more branches, use the Form ESC-3 to notify *the Department* by checking the “surrender” box and completing only items 2, 7, and 8. Submit a separate Form ESC-3 for each branch license that is being surrendered. Send the original license document to the *Department* along with the Form ESC-3 to surrender/cancel.

B. FILING INSTRUCTIONS

1. **FORMAT**
 - A. Form ESC-3 may accompany a new company filing, or may follow the initial home/main office application filing later. A fully completed Form ESC-3 must be submitted when the *applicant* is filing for branch authorization the first time.
 - B. The Execution section must include notarized original manual signature for the initial Form ESC-3 filing for each branch office.
 - C. Type all information.
 - D. Use only the current version of Form ESC-3 or a reproduction of it.
2. **ATTACHMENTS**
 - A. Separate filings for use of fictitious name/trade name/doing business as (“dba”) name(s) are required. Contact the Idaho Secretary of State at 208-334-2300 for filing information.
 - B. Application fee of \$350 per location, payable to the Idaho Department of Finance.
 - C. Supervising Escrow Officer on site at this location: Designated person must demonstrate a minimum of three (3) years experience specifically in supervision over escrow activity. Provide a detailed resume AND Attachment B Authority to Obtain Information From Outside Sources) and Attachment C/D (10 Year Employment History/10 Year Residence History) for designated person.
 - D. Personnel Roster for this location that includes names and titles.
 - E. Attachments/supporting documents for any “Yes” answer to questions 9, 10 or 11.
 - F. Original, fully executed Authorization to Examine Trust Account form, if different than home/main office record on file with the Department.

C. EXPLANATION OF TERMS – The following terms are italicized throughout Form ESC-3

APPLICANT – The escrow company applying on or amending information on this form for a branch license. The only instance in which the *applicant* is an individual is in the case of a sole proprietorship.

JURISDICTION – A state, the District of Columbia, the Commonwealth of Puerto Rico, or any subdivision or regulatory body thereof.

PERSON – An individual, partnership, corporation, trust, or other organization.

FORM ESC-3		ESCROW BRANCH OFFICE FORM				<input type="checkbox"/> Escrow	
		Applicant full legal name: _____				<input type="checkbox"/> 1031 Exchange	
		Date of filing (MM/DD/YYYY): _____		Desired Effective Date (MM/DD/YYYY): _____		<input type="checkbox"/> Both	
License Number information (if applicable) is optional. Use additional sheets if necessary.		License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction
		License #	Jurisdiction	License #	Jurisdiction	License #	Jurisdiction
1.		<input type="checkbox"/> NEW APPLICATION <input type="checkbox"/> AMENDMENT Complete "b" for the item(s) being amended. <input type="checkbox"/> SURRENDER/CANCEL <input type="checkbox"/> OTHER _____					
2a.		_____ Physical address (Number and Street) _____ Physical City, State/Country, Zip+4/Postal Code		2b.		_____ NEW Physical address (Number and Street) _____ NEW Physical City, State/Country, Zip+4/Postal Code	
3a.		_____ Mailing address or P.O. Box (if different from Physical) _____ Mailing address City, State/Country, Zip+4/Postal Code		3b.		_____ NEW Mailing address or P.O. Box (if different from Physical) _____ NEW Mailing address City, State/Country, Zip+4/Postal Code	
4a.		() _____ - _____ ext _____ Business (Area Code) and Telephone Number () _____ - _____ Fax (Area Code) and Number _____ Branch website (enter "None" if not applicable)		4b.		() _____ - _____ ext _____ NEW Business (Area Code) and Telephone Number () _____ - _____ NEW Fax (Area Code) and Number _____ NEW Branch website	
5a.		_____ Trade name or "dba" used at this branch		5b.		_____ NEW Trade name or "dba" used at this branch	
6a.		_____ Supervising Escrow Agent Name		6b.		_____ NEW Supervising Escrow Agent Name	
EXECUTION: The undersigned, being first duly sworn, deposes and says that he/she has executed this form on behalf of, and with the authority of, said <i>applicant</i> and agrees to and represents the following: (1) That the information and statements contained herein, including exhibits attached hereto, and other information filed herewith, all of which are made a part hereof, are current, true and complete; (2) To the extent any information previously submitted is not amended such information is currently accurate and complete; (3) That the <i>jurisdiction(s)</i> to which an application is being submitted may conduct any investigation in accordance with state law, into the background of the <i>applicant</i> for purposes of issuing the subject licenses; (4) To keep the information contained in this form current and to file accurate supplementary information on a timely basis; (5) To keep accurate books and records or otherwise comply with the provisions of law pertaining to the conduct of business for which the <i>applicant</i> is applying.							
Notary seal here		_____		_____		_____	
		Date (MM/DD/YYYY)		Signature of <i>applicant's</i> representative		by _____	
		Signed or attested before me: _____		Print Notary Public name		Print <i>applicant's</i> representative name	
		on this _____ day of _____,		_____ at _____		_____	
		Date		Month		Year State County	
		_____		_____		_____	
		Notary Public signature		Notary Appointment Expires (MM/DD/YYYY)			
This execution must always be completed in full with original, manual signature and notarization. Affix notary stamp or seal where applicable.							

Applicant full legal name: _____

7.	Physical address of location where the official books and records generated by this branch office will be kept. <input type="checkbox"/> Check here if same as previously specified principal records location											
	_____		() _____ - _____ ext _____		() _____ - _____		_____					
	Records Custodian Name		Business Phone		Fax Line		e-mail address					
	_____		_____		_____ / _____		_____					
	Number & Street		City		State / Province & Country		Zip+4 / Postal Code					

8	Enter appropriate number in the box(es) for each <i>jurisdiction</i> by location: Enter "1" if <i>applicant</i> is newly applying in that <i>jurisdiction</i> as a mortgage branch office. Enter "2" if <i>applicant</i> has a pending application in that <i>jurisdiction</i> as a mortgage branch office. Enter "3" if <i>applicant</i> is already licensed/registered in that <i>jurisdiction</i> as a mortgage branch office. Enter "4" if <i>applicant</i> is surrendering/canceling in that <i>jurisdiction</i> as a mortgage branch office.											
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	ML	MB		ML	MB		ML	MB		ML	MB
Alabama			Idaho			Montana			Rhode Island		
Alaska			Illinois			Nebraska			South Carolina		
Arizona			Indiana			Nevada			South Dakota		
Arkansas			Iowa			New Hampshire			Tennessee		
California – DOC			Kansas			New Jersey			Texas – OCCC		
California – DRE			Kentucky			New Mexico			Texas – SML		
Colorado			Louisiana			New York			Utah		
Connecticut			Maine			North Carolina			Vermont		
Delaware			Maryland			North Dakota			Virginia		
District of Columbia			Massachusetts			Ohio			Washington		
Florida			Michigan			Oklahoma			West Virginia		
Georgia			Minnesota			Oregon			Wisconsin		
Guam			Mississippi			Pennsylvania			Wyoming		
Hawaii			Missouri			Puerto Rico					

9.	Will this branch office and/or individuals at this branch office operate pursuant to a written agreement or contract with the <i>applicant's</i> main office?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10.	Will this branch office have sole responsibility for decisions relating to individuals conducting escrow or trust account activity: (a) with respect to employment? (b) with respect to compensation?	YES <input type="checkbox"/> <input type="checkbox"/>	NO <input type="checkbox"/> <input type="checkbox"/>
11.	Does any <i>person</i> , other than the <i>applicant</i> , have responsibility, directly or indirectly, for paying the expenses of this branch office or otherwise have a financial interest in this branch office or its activities? (a) If yes, provide an explanation of the expense payment and/or financial interest arrangement: _____ (b) If yes, provide the following information for each <i>person</i> responsible for the expenses or with a financial interest:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

FULL LEGAL NAME (Individuals: Last Name, First Name, Middle Name)	Address, City, State/Province, Zip/Postal Code	Telephone	IRS Tax No., SSN, or Employer ID#	Separately Licensed? YES NO
				<input type="checkbox"/> <input type="checkbox"/>
				<input type="checkbox"/> <input type="checkbox"/>
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